

Record of medicine administered to an individual child

| Name of child | | | | | |
|--------------------------|----------|--|--|--|--|
| Class | | | | | |
| Date medicine provided b | y parent | | | | |
| Name and strength of me | dicine | | | | |
| Quantity received | | | | | |
| Dose | | | | | |
| Frequency of medicine | | | | | |
| | | | | | |
| Signature of parent: | | | | | |
| | | | | | |
| Date | | | | | |
| Time given | | | | | |
| Dose given | | | | | |
| Name of member of staff | | | | | |
| Staff initials | | | | | |
| | | | | | |
| Date | | | | | |
| Time given | | | | | |
| Dose given | | | | | |
| Name of member of staff | | | | | |
| Staff initials | | | | | |